Blue Cross® and Blue Shield®
Service Benefit Plan

Diane Thompson, Elizabeth Peralta & Paul Seidel
Agenda

- Self Plus One
- Preventive Care Benefits
- Health Tools
- Reward Programs
- Medical Benefit Changes
- Pharmacy Program Benefit Changes
- 2016 Service Benefit Plan Rates
Self Plus One

What is Self Plus One?
Self Plus One is a new enrollment type in the Federal Employees Health Benefits (FEHB) Program that allows you to cover yourself and one eligible family member you designate to be covered. Starting in 2016, all FEHB plans (your health insurance plans) will offer a Self Only, a Self Plus One, and a Self and Family enrollment type. Employees and annuitants will be able to select a Self Plus One enrollment beginning in the 2015 Open Season.

Who can be covered under a Self Plus One enrollment?
A Self Plus One enrollment covers the enrollee and one designated eligible family member. The definition of eligible family members has not changed. Your eligible family member can include either a spouse OR a child up to age 26. A child age 26 or over who is incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member.

www.opm.gov/healthcare-insurance/special-initiatives/self-plus-one/
**Self Plus One**

**How is Self Plus One different from Self Only or Self and Family?**

A Self Only enrollment covers only the enrollee. A Self and Family enrollment covers the enrollee and all eligible family members. The new Self Plus One enrollment type covers the enrollee and one eligible family member you designate to be covered.

**When will a Self Plus One enrollment be effective for annuitants?**

If you choose a Self Plus One enrollment during the 2015 Open Season, your enrollment change will be effective on the 1st of January.

For annuitants, Open Season enrollments are always effective on the 1st day of the year following the end of the Open Season.

If you choose a Self Plus One enrollment outside of Open Season, your enrollment change will be effective on the first day of the first pay period following the one in which you make a change.

Blue Cross® and Blue Shield® Service Benefit Plan

The Blue Cross and Blue Shield Service Benefit Plan has been part of the Federal Employees Health Benefits Program (FEHBP) since its inception in 1960 and provides health insurance coverage for more than 5 million Federal employees, retirees and their families.

The Service Benefit Plan is the number one choice for comprehensive coverage that travels with you.

We offer one of the nation’s largest networks, preventive care for all family members and financial rewards that make it easy for you to live a healthier life.
Worldwide Coverage
When Living or Traveling Overseas

If you need medical care outside the United States, you can be assured that Blue Cross and Blue Shield Service Benefit Plan ID card entitles you to world class service – pg. 124

Worldwide Assistance Center offers help when you are traveling outside of the U.S., Puerto Rico and the U.S. Virgin Island, 24 hours 7 days a week
The Value of Blue

The Blue Cross and Blue Shield Service Benefit Plan offers added value in the form of programs and services that were designed with you and your family’s health and wellness in mind.

Blue Extras pg. 126

- Health Club Membership
- Blue365
- WalkingWorks®
- Care Management Programs
### Service Benefit Plan Options

The Service Benefit Plan is a fee-for-service (FFS) Preferred Provider Organization (PPO)

<table>
<thead>
<tr>
<th>Standard Option</th>
<th>Basic Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Deductible</td>
<td>• No deductibles</td>
</tr>
<tr>
<td>• Copayments and Coinsurance</td>
<td>• Copayment based</td>
</tr>
<tr>
<td>• Ability to Choose Provider (Preferred and Non-preferred)</td>
<td>• Preferred Providers only</td>
</tr>
<tr>
<td>• Retail and Mail Rx</td>
<td>• Retail Rx</td>
</tr>
<tr>
<td></td>
<td>• Med B Mail RX</td>
</tr>
</tbody>
</table>

**Standard Option & Basic Option**

- **No** Pre-Existing Conditions
- **No** Referrals Required
- **No** Lifetime Maximums
- Unlimited Inpatient Hospital Days
Preventive Care Benefits
“Helping to Keep You Healthy”

• Preventive screening and related office visit charge; routine physical exams
  –  **You pay Nothing** pg. 47

• Preventive care for children, up to age 22
  –  **You pay Nothing** pg. 47

• Routine Immunizations
  –  **You pay Nothing** pg. 47

• BRCA Testing
  –  **You pay Nothing** pgs. 44 - 45

• Maternity Care (prenatal care, delivery and postpartum care)
  –  **You pay Nothing** pg. 48

• Hearing aids for children up to age 22, limited to $2,500 per calendar year pg. 59

• Hearing aids for adults age 22 and over, limited to $2,500 every 3 calendar years pg. 59
Health Tools on MyBlue®

MyBlue now features mobile Health Tools and resources with the latest health and wellness information right at your finger tips all powered by WebMD, one of the trusted healthcare brands in the U.S.

- **Blue Health Assessment (BHA)**
  - Complete the online BHA and within 10 minutes receive a clear, concise, personalized plan for a healthier you.

- **Online Health Coach**
  - Helps in developing your personalized goals and suggestions to improve your overall health

- **Personal Health Record**
  - Personal Health Record (PHR) gives you easy access to your health information in a secure and confidential environment

- **Benefits Statements**
  - See a snapshot of your claims and benefits in annual or quarterly time periods which could save you money and time
Health Tools on MyBlue®

• **Nurse Line**
  – Call, chat online or email a registered nurse for reliable health information, 24/7 anytime day or night
  – Visit [www.fepblue.org](http://www.fepblue.org) to get personalized answers to your healthcare question

• **Online Symptom Checker**
  – Use the Online Symptom Checker to receive possible reasons for your symptoms for your computer, smartphone or tablet
  – Chat online with the Nurse Line, too!

• **Find a Doctor**
  – Online Provider Directory
  – Blue Finder app connects you to the closest provider, hospital or urgent care center
    • Dial a provider’s phone number and use the interactive map and diving directions directly from your device
Reward Programs “Blue Gives Back to You”

- **Blue Health Assessment (BHA)**
  - Earn $50 for completing the BHA

- **Online Health Coach Incentives**
  - Earn additional rewards up to $120 when you achieve your health goals

- **Pregnancy Care Incentive Program *New for 2016**
  - After completing the BHA – sign up for the My Pregnancy Assistant to receive the *Pregnancy Care Box*
  - Earn $75 when the first trimester obstetrician visit medical form is submitted

- **Diabetes Management Incentive Program**
  - After completing the BHA – and indicate that you have diabetes
  - Earn up to $75 when you enroll in the Diabetes Management program and complete the specific activities
Reward Programs “Blue Gives Back to You”

**Tobacco Cessation Incentive Program**
- After completing the BHA and then create a Quit Plan with the Online Health Coach
- Eligible to receive tobacco cessation products at no cost
- Both prescription and over-the-counter (OTC) tobacco cessation products obtained from a Preferred retail pharmacy are included in the program

**Hypertension Management Program**
- After completing the BHA and indicate that you have high blood pressure
- Eligible to receive a blood pressure cuff at no out-of-pocket cost
BLUE EXTRAS!

• Health Club Membership – “Healthways Fitness Your Way”
  – Access to a network of over 9,500 fitness facilities
  – $25 initiation fee
  – $25 per month

• Blue365®
  – Provides valuable resources for healthier living, including:
    • Discount on laser vision correction
    • Discounts on hearing aids
    • Discounts on diet and weight management programs

• Discount Drug Program
  – Discounted prices on certain prescription drugs not covered through the prescription drug benefit
BLUE EXTRAS!

- WalkingWorks®
  - Free pedometer and online walking guide
- Vision Care Affinity Program
  - Discounts on routine eye exams, and eyewear
- Care Management Program
  - Provides patient education and support for select diagnoses. pg. 126
Medicare and Blue “Thinking About Retiring”
The Value of Medicare and Blue

• When you combine your **Standard Option** coverage with your primary Medicare coverage as a retiree, you no longer have to pay the Service Benefit Plan’s annual deductible, coinsurance or copayments (**excludes RX co-pays**)

  **Basic Option** subscribers and primary Medicare coverage, the copayments amount are **waived** for covered services when you use Preferred provider
Blue Cross® and Blue Shield® Service Benefit Plan

2016 Benefit Changes
2016 Benefit Changes

• Hepatitis B Screening
  – Hepatitis B screening once per calendar year for adults and for adolescents, age 13 and over; members have no cost-share when screening is performed by a Preferred provider pg. 42

• Fluoride Varnish
  – Fluoride varnish for children through age 5, when performed by primary care provider, limited to two services per calendar year. pg. 47

• Osteoporosis Screening
  – Once per calendar year, for osteoporosis screening for female members age 65 and over, or for female members age 50 to 65 who have increased risk for osteoporosis pg. 43

• Low-Dose Aspirin for Pregnant Women
  – Provide preventive care benefits for low-dose aspirin for pregnant women
  – Regular pharmacy benefits apply and member must have a prescription and must obtain the aspirin from a Preferred retail pharmacy pg. 109
2016 Benefit Changes
Dental Benefits pgs. 115 - 118

• **Standard Option** Dental benefits include the following services:
  – Clinical oral evaluations
  – Diagnostic imaging
  – Palliative treatment
  – Preventive

  You pay the difference between the amounts listed in the Service Benefit Plan and Maximum Allowable Charge (MAC)

• **Basic Option** Dental benefits include the following services:
  – $30 copayment per evaluation; up to 2 per calendar year
  – Diagnostic imaging
  – Preventive care
2016 Benefit Changes

Catastrophic Protection Benefit

Under Standard and Basic Options, we limit annual out-of-pocket expenses for the covered services you receive to protect you from unexpected health care costs.

When your eligible out-of-pocket expenses reach this catastrophic protection maximum, you no longer have to pay the associated cost-sharing amounts for the rest of the calendar year. pgs. 32, 157
2016 Benefit Changes

Catastrophic Protection Benefit

Standard Option

• Self Plus One and Self and Family catastrophic maximum benefit
  – $10,000 for expenses incurred when using PPO providers
  – $14,000 for a combination of PPO and Non-PPO providers

When one covered family member reaches the **Self Only** catastrophic protection out-of-pocket maximum ($5,000 for PPO or $7,000 for combination of PPO and Non-PPO) during the calendar year, that member’s claims will no longer be subject to associated member cost-share amounts for the reminder of the year.

All remaining family members will be required to meet the balance of the catastrophic protection out-of-pocket maximum  pgs. 32 - 33
2016 Benefit Changes
Catastrophic Protection Benefit
Basic Option

- Self Plus One and Self and Family catastrophic maximum benefit
  - $11,000 for expenses incurred when using Preferred providers

When one covered family member reaches the Self Only catastrophic protection out-of-pocket maximum ($5,500) that member’s claims will no longer be subject to associated member cost-share amounts for the remainder of the year.

All remaining family members will be required to meet the balance of the catastrophic protection out-of-pocket maximum.
2016 Benefit Changes

Member Cost-Share

• Standard Option Copayments
  – Preferred Provider Copayments
    • Office visits, PT/ST/OT therapy, cognitive therapy, vision services and foot care
    • Primary Care – $25 copayment per visit. pg. 39
    • Specialist – $35 copayment per visit. pg. 39
2016 Benefit Changes

Member Cost-Share

• Basic Option Copayments
  – Preferred Provider Copayment
    • Office visits, PT/ST/OT therapy, cognitive therapy, vision services and foot care
    • Primary Care – $30 copayment per visit. pg. 39
    • Specialist – $40 copayment per visit. pg. 39
2016 Benefit Changes

Member Cost-Share

• Standard Option Copayment
  – Inpatient Admission Copayment
    • Preferred facility – $350 per admission copayment. pg. 80
    • Member/Non-member facility – $450 per admission copayment, plus 35% coinsurance
2016 Benefit Changes

Member Cost-Share

• Observation Care
  – Standard Option
    • Preferred facility: $350 copayment for the duration of service, no deductible. pg. 79
  – Basic Option
    • $175 copayment per day per facility, up to a maximum of $875
Pharmacy Benefit Program

Blue Cross and Blue Shield Service Benefit Plan works with CVS/Caremark to administer your prescription benefit plan

Offers 3 programs - 102

- Retail Pharmacy Program
- Mail Service Pharmacy Program
- Specialty Pharmacy Program
Pharmacy Program

Standard Option Mail Service

• Easy way to get drugs you take regularly with the convenience of home delivery

• Using Mail Service
  – Contact your physician to prescribe up to a 90 day supply of drugs plus refills for up to one year
  – Send your original prescription, the appropriate copayment and your completed mail service order form
  – All drugs and instructions are sent via U.S. Postal Service, except drugs that require overnight shipping
  – Order refills by simply sending in the refill slip included with previous prescription fill, online at www.fepblue.org or by calling 877.337.3455 (24/7). pg. 111
Generic drugs are generally lower cost drugs, with the same quality and strength as brand-name drugs, and must meet the same strict standards for quality and effectiveness set by the U.S. Food and Drug Administration (FDA), as brand drugs

- If you have both Standard Option and Medicare Part B you pay less for generic drugs

- **Save 5%** at Preferred retail pharmacies and **$5** when you use the Mail Service Pharmacy Program for every prescription fill or refill
New for 2016 – Pharmacy Program

Mail Order for **Basic Option** Members with Primary Medicare Part B coverage

Easy way to get drugs you take regularly with the convenience of home delivery

- Member cost-share for up to a 90-day supply
  - Tier 1 (generics) $20 copayment
  - Tier 2 (preferred brand) $90 copayment
  - Tier 3 (non-preferred brand) $115 copayment
2016 Benefit Changes – Pharmacy Program

Basic Option Tier 2 – 5 Cost-Share for members without Primary Medicare Part B

• For drugs dispensed by **Preferred Retail Pharmacies**, members pay as follows
  – Tier 2 (preferred brand) $50 copayment for a 30-day supply or a $150 copayment for a 90-day supply
  – Tier 3 (non-preferred brand) 60% coinsurance, with a $65 minimum copayment for a 30-day supply or a $195 minimum copayment for a 90-day supply
  – Tier 4 (preferred specialty) $65 copayment “limited to” 30-day supply
  – Tier 5 (non-preferred specialty drugs) $90 copayment “limited to” 30-day supply
2016 Benefit Changes – Pharmacy Program

Basic Option Tier 2 – 5 Cost-Share for members without Primary Medicare Part B

- For drugs dispensed by the **Specialty Drug** Pharmacy Program
  - Tier 4 (preferred specialty) $55 copayment for a 30-day supply or a $165 copayment for a 90-day supply
  - Tier 5 (non-preferred specialty) $80 copayment for a 30-day supply or a $240 copayment for a 90-day supply
Managed Formulary

Managed Formulary includes a list of preferred drugs selected to meet patient needs at a lower cost. The **Basic Option** managed formulary effective January 2016 includes nine therapeutic drug classes.
Managed Formulary

The following are the nine therapeutic drug classes:

- Nasal Steroid Sprays
- Insulins
- Oral Medications for Diabetes
- Testosterone Replacement Products
- Overactive Bladder Products
- Glaucoma Products
- Allergy Medications
- Sleep Medications
- Proton Pump Inhibitors
## 2016 Cost Share Summary

<table>
<thead>
<tr>
<th>Standard Option</th>
<th>Tier 1: Generic Drugs</th>
<th>Tier 2: Preferred Brand Name Drugs</th>
<th>Tier 3: Non-preferred Brand Name Drugs</th>
<th>Tier 4: Preferred Specialty Drugs</th>
<th>Tier 5: Non-preferred Specialty Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail -Preferred</td>
<td>20% coinsurance 15% coinsurance (Med B)</td>
<td>30% coinsurance</td>
<td>45% coinsurance</td>
<td>30% coinsurance (limited one 30-day supply)</td>
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<tr>
<td>Retail – Non-Preferred</td>
<td>45% of average wholesale price plus any difference between the allowance and the billed amount</td>
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<tr>
<td>Mail</td>
<td>$15 copay $10 copay (Med B)</td>
<td>$80 copay</td>
<td>$105 copay</td>
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<td>Specialty</td>
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<td>$35 copay 30 ds; $95 up to 90 ds</td>
<td>$55 copay 30 ds; $155 copay up to 90 ds</td>
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<tr>
<td>Retail</td>
<td>$10 copay $30 copay 90 ds</td>
<td>$50 copay $150 copay 90 ds</td>
<td>60% ($65 min 30 ds) $195 copay 90 ds</td>
<td>$65 copay (limited one 30-day supply)</td>
<td>$90 copay (limited one 30-day supply)</td>
</tr>
<tr>
<td>Retail (Med B)</td>
<td>$10 copay $30 copay 90 ds</td>
<td>$45 copay $135 copay 90 ds</td>
<td>50% ($55 min 30 ds) $165 copay 90 ds</td>
<td>$60 copay (limited one 30-day supply)</td>
<td>$80 copay (limited one 30-day supply)</td>
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<tr>
<td>Mail</td>
<td>$20 copay</td>
<td>$90 copay</td>
<td>$115 copay</td>
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<tr>
<td>Mail (Med B)</td>
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<td></td>
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<td>$70 copay 30 ds; $195 copay up to 90 ds</td>
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<tr>
<td>Specialty (Med B)</td>
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2016 Rates
Standard Option
Basic Option
# 2016 Rates – Standard Option *(Non-Postal Rates)*

<table>
<thead>
<tr>
<th>Non-Postal Rates</th>
<th>Bi-Weekly Premiums</th>
<th>Monthly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self Only</strong></td>
<td><strong>100.18 (+9.15)</strong></td>
<td><strong>217.06 (+19.83)</strong></td>
</tr>
<tr>
<td>104</td>
<td>104</td>
<td>217.06 (+19.83)</td>
</tr>
<tr>
<td><strong>Self Plus One</strong></td>
<td><strong>231.31</strong></td>
<td><strong>501.17</strong></td>
</tr>
<tr>
<td>106</td>
<td>106</td>
<td>501.17</td>
</tr>
<tr>
<td><strong>Self and Family</strong></td>
<td><strong>238.24 (+24.93)</strong></td>
<td><strong>516.18 (+54.01)</strong></td>
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<tr>
<td>105</td>
<td>105</td>
<td>516.18 (+54.01)</td>
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</tbody>
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# 2016 Rates – Basic Option (Non-Postal Rates)

<table>
<thead>
<tr>
<th>Non-Postal Rates</th>
<th>Bi-Weekly Premiums</th>
<th>Monthly Premiums</th>
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</thead>
<tbody>
<tr>
<td><strong>Self Only</strong></td>
<td>68.48 (+5.08)</td>
<td>148.38 (+11.00)</td>
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<tr>
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<tr>
<td><strong>Self Plus One</strong></td>
<td>160.75</td>
<td>348.29</td>
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<tr>
<td><strong>Self and Family</strong></td>
<td>164.20 (+15.74)</td>
<td>355.76 (+34.09)</td>
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### 2016 Rates – Standard Option (Postal Rates)

<table>
<thead>
<tr>
<th>Postal Rates</th>
<th>Bi-Weekly Premiums Category 1</th>
<th>Bi-Weekly Premiums Category 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self Only</strong></td>
<td>88.32 (+11.32)</td>
<td>100.18 (+9.15)</td>
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<tr>
<td><strong>Self Plus One</strong></td>
<td>205.70</td>
<td>231.31</td>
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<tr>
<td><strong>Self and Family</strong></td>
<td>211.10 (+28.94)</td>
<td>238.24 (+24.93)</td>
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<tr>
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</table>
## 2016 Rates – Basic Option (Postal Rates)

<table>
<thead>
<tr>
<th>Postal Rates</th>
<th>Bi-Weekly Premiums Category 1</th>
<th>Bi-Weekly Premiums Category 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self Only</strong></td>
<td>56.84 (+6.75)</td>
<td>68.48 (+5.08)</td>
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<tr>
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<tr>
<td><strong>Self Plus One</strong></td>
<td>135.14</td>
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<td>112</td>
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</tbody>
</table>
Enrolling is easy!

Open enrollment season: November 9 – December 14, 2015 EST

To enroll:

Visit www.fepblue.org

or call

1.800.411.BLUE (2583)
Agenda

- Value of Dental Care
- Benefits Overview
- FEP Blue Dental Network
- In Network Savings
- Coordinating with Medical
- FSAFEDS
- International Benefits
- 2016 Premiums
- How to Enroll
- Contact Us!
- Questions?
Fun Facts...

• Tooth decay is the 2nd most common disease in the U.S. after the common cold.

• If you don’t floss, you miss cleaning 35% of your tooth surfaces.

• 100 years ago 50% of adults in North America were toothless; today less than 10% of adults over age 65 have lost teeth.

• It takes 17 muscles to smile but 43 to frown, so smile!
The Value of Dental

• Dental health is an important part of overall health.

• In fact, 90% of the body’s diseases show signs and symptoms in the mouth.

• Hormonal changes associated with pregnancy increase a woman’s risk for developing gingivitis or periodontal disease.

• Gum disease makes it more difficult for diabetics to control their blood sugar.
It's All About Choice

FEP Blue Dental offers HIGH Option and STANDARD Option, both offering a choice of:

- Self Only
- Self Plus One
- Self And Family

... depending on your needs!
<table>
<thead>
<tr>
<th>FEP BlueDental HIGH Option</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Class A (Basic)</strong></td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>e.g., exams, cleanings, X-rays, sealants</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Class B (Intermediate)</strong></td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>e.g., oral surgery, fillings, gum scaling</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Class C (Major)</strong></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>e.g., crowns, bridges, implants, root canals, dentures</td>
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<tr>
<td><strong>Class D (Orthodontic Services)</strong></td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Adults and Children</td>
<td></td>
<td>Up to $3,500 lifetime maximum per person</td>
</tr>
<tr>
<td>FEP BlueDental HIGH Option</td>
<td>In-Network</td>
<td>Out-of-Network</td>
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<tr>
<td>Deductible (Class A, B and C Services)</td>
<td>No Deductible</td>
<td>$50 per calendar year per person</td>
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<tr>
<td>Annual Maximum Benefits (Class A, B and C Services)</td>
<td>$15,000 per person</td>
<td>$3,000 per person</td>
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<tr>
<td>FEP BlueDental STANDARD Option</td>
<td>In-Network</td>
<td>Out-of-Network</td>
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</tr>
<tr>
<td><strong>Class A (Basic)</strong> e.g., exams, cleanings, X-rays, sealants</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Class B (Intermediate)</strong> e.g., oral surgery, fillings, gum scaling</td>
<td>55%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Class C (Major)</strong> e.g., crowns, bridges, implants, root canals, dentures</td>
<td>35%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Class D (Orthodontic) Services</strong> Adults and Children – 12-month waiting period</td>
<td>50% Up to $2,000 lifetime maximum per person</td>
<td>50% Up to $1,000 lifetime maximum per person</td>
</tr>
<tr>
<td>FEP BlueDental STANDARD Option</td>
<td>In-Network</td>
<td>Out-of-Network</td>
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<tr>
<td>-------------------------------</td>
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</tr>
<tr>
<td>Deductible (Class A, B and C Services)</td>
<td>No Deductible</td>
<td>$75 per calendar year per person</td>
</tr>
<tr>
<td>Annual Maximum Benefits (Class A, B and C Services)</td>
<td>$1,500 person</td>
<td>$750 per person</td>
</tr>
</tbody>
</table>
The Bottom Line

High Option has richer benefits – you pay less out of pocket!

- We pay more of what the dentist charges
- Annual maximums are higher
- Deductibles are equal or lower
It Pays To Go In Network

You can go to a dentist in our network or out of our network. But, see an in-network provider, and BOTH options offer:

• Preventive and diagnostic treatments (e.g., exams, cleanings, X-rays, sealants) at no cost

• No calendar year deductibles

And don’t forget to . . .

Bring your FEHB and FEP Blue Dental ID cards to your dental appointments to ensure you receive prompt payment under each program.
FEP BlueDental’s Provider Network

A broad network of dentists and specialists

- Providers in all 50 states with nearly 100,000 unique dentists
- Dental network may be different from medical network
- Provider nominations are welcome
- To find a provider:
  - Visit [www.fepblue.org](http://www.fepblue.org), click on Benefit Plans then FEP BlueDental, or
  - Call 1.855.504.BLUE (2583)
# Brush up on the savings

<table>
<thead>
<tr>
<th>Service Received</th>
<th>What In-network Dentist Charges (average)</th>
<th>Allowed Amount (what in-network dentist agrees to charge)</th>
<th>Member Cost (what member pays out of pocket)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam *</td>
<td>$116</td>
<td>$64</td>
<td>-0-</td>
</tr>
<tr>
<td>Cleaning **</td>
<td>$218</td>
<td>$136</td>
<td>-0-</td>
</tr>
<tr>
<td>X-rays</td>
<td>$158</td>
<td>$91</td>
<td>-0-</td>
</tr>
<tr>
<td>Fillings ***</td>
<td>$306</td>
<td>$138</td>
<td>$41</td>
</tr>
<tr>
<td>Root Canal (molar)</td>
<td>$1,512</td>
<td>$858</td>
<td>$429</td>
</tr>
<tr>
<td>Crown (porcelain)</td>
<td>$1,551</td>
<td>$830</td>
<td>$415</td>
</tr>
<tr>
<td>Total Savings</td>
<td><strong>$2,976</strong></td>
<td><strong>$3,861</strong></td>
<td><strong>$885</strong></td>
</tr>
</tbody>
</table>

* 2 exams at $58 each; ** 2 cleanings at $109 each; *** 2 silver fillings at $153.00 each

Note: This is for example purposes only and subject to change. Assumptions: 1) high option plan; 2) in-network dentist; 3) average network discounts; 4) dollar amounts based on Region 3, Washington DC Zip code; 5) average allowed charge is total plan and member liability after network discount
Coordinating with Medical

How will FEP Blue Dental coordinate with my medical benefits?

Your medical plan includes some preventive dental coverage

1. Show your dental ID card and medical ID card to your dentist

2. Your dentist will file the claim directly with the local BCBS Plan or other medical carrier for primary coverage

3. The claim will be then sent to FEP Blue Dental

There’s no paperwork for you!
Paperless Reimbursement (PR) is a program available to FEP Blue Dental participants who are in the FSAFEDS program

- Participants can have their out-of-pocket dental expenses sent electronically from FEP Blue Dental to FSAFEDS for processing towards their health care FSA account

- Save Time and Money! PR eliminates the need for participants to submit manual claims processed by FEP Blue Dental

- To enroll in PR, visit [www.FSAFEDS.com](http://www.FSAFEDS.com) and log into “My Account Summary”, then Paperless Reimbursement.
International Benefits

Need to see a dentist while in another country?

- The International Dental Program includes English-speaking dentists in approximately 100 countries

- Receive in-network benefits levels when you use a dentist in our International Dental Program

- You pay the dentist and then submit the claim to us (we’ll reimburse you in U.S. $’s)

- For more information (including claim forms), visit [www.fepblue.org](http://www.fepblue.org) click on Benefit Plans then FEP BlueDental or call 1.855.504.BLUE (2583)
## 2016 Premiums (bi-weekly rates)

<table>
<thead>
<tr>
<th>RATING AREA</th>
<th>HIGH OPTION</th>
<th>STANDARD OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Only</td>
<td>$17.34 (+.97)</td>
<td>$9.70 (+.28)</td>
</tr>
<tr>
<td>Self Plus One</td>
<td>$34.69(+1.95)</td>
<td>$19.41 (+.56)</td>
</tr>
<tr>
<td>Self And Family</td>
<td>$52.03 (+2.92)</td>
<td>$29.11 (+.84)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Only</td>
<td>$xx.xx</td>
<td>$xx.xx</td>
</tr>
<tr>
<td>Self Plus One</td>
<td>$xx.xx</td>
<td>$xx.xx</td>
</tr>
<tr>
<td>Self And Family</td>
<td>$xx.xx</td>
<td>$xx.xx</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Only</td>
<td>$21.86 (+1.22)</td>
<td>$12.22 (+.35)</td>
</tr>
<tr>
<td>Self Plus One</td>
<td>$43.73 (+2.45)</td>
<td>$24.44 (+.07)</td>
</tr>
<tr>
<td>Self And Family</td>
<td>$65.59 (+3.67)</td>
<td>$36.66 (+1.05)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Only</td>
<td>$xx.xx</td>
<td>$xx.xx</td>
</tr>
<tr>
<td>Self Plus One</td>
<td>$xx.xx</td>
<td>$xx.xx</td>
</tr>
<tr>
<td>Self And Family</td>
<td>$xx.xx</td>
<td>$xx.xx</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Only</td>
<td>$xx.xx</td>
<td>$xx.xx</td>
</tr>
<tr>
<td>Self Plus One</td>
<td>$xx.xx</td>
<td>$xx.xx</td>
</tr>
<tr>
<td>Self And Family</td>
<td>$xx.xx</td>
<td>$xx.xx</td>
</tr>
</tbody>
</table>

Monthly rates for annuitants are available; see the FEP Blue Dental Brochure. International rating area is 5. Rate Area 3 for zip codes 330 – 334.
Enrolling is easy!

Open enrollment season: November 9 – December 14, 2015 EST

To enroll:

Visit www.benefeds.com

or call 1.877.888.FEDS
Questions?

FEP Blue Dental Customer Service
1.855.504.BLUE (2583)
TTY 1.888.853.7570

- Call Center Hours
  Monday – Friday: 8 a.m. – 8 p.m. EST

- Or visit www.fepblue.org and
  click Benefit Plans then FEP Blue Dental
FEP BlueVision:
Making Vision Benefits the Easy, Affordable and Clear Choice

Health Benefit Officer Seminar
Fall 2015
Agenda

- 2016 Premiums
- 2016 Benefit Summary
- FEP BlueVision Network
- FEP BlueVision Value
- Contact Information
- Questions
An annual eye exam is key in detecting symptoms of early chronic systemic diseases such as diabetes and hypertension.

Detecting and treating diseases at the earliest opportunity cuts down on overall medical expenses.

A comprehensive eye exam takes roughly an hour and consists of:

- Health Review
- Refraction
- Glaucoma Test
- Dilation
Finally – A Wellness Benefit With Tangible Savings!

An Eye Exam delivers the most effective savings in preventive care. Medical costs stemming from a variety of chronic diseases such as diabetes, hypertension and high cholesterol can be reduced by early identification through comprehensive eye exams.

An eye exam is a direct tool to identify diabetic retinopathy and pre-diabetic risk. (Impacts 29M Americans, 4.4M over age 40)/1

An eye exam can identify hypertension, preventable stroke and cardiac risk. (720K Heart Attacks/Year)/2

The economic burden of eye disorders and vision loss in the U.S. is approximately $139B. ($6,700 Per person per year)/3

2/ Heart Disease Facts, Centers for Disease Control and Prevention, 2014.
Know The Facts About Your Eye Exam

We believe that everyone should have access to a comprehensive eye exam and vision care. Your eyes are a window to your health.

75% of the adult U.S. population needs some form of vision correction. (Estimated 242.7M adults in the US and more than 182.8M need or have some form of vision correction).

80% of what a child learns is visual. Impaired vision can impact schoolwork, behavior, sports and overall development.

90% of computer and device users experience visual impairment issues or Computer Vision Syndrome.

Advantages of FEP BlueVision

• A routine eye examination at no cost (zero out-of-pocket) for you and your family from over 48,000 participating providers nationwide

• Choose from the FEP BlueVision Collection at nearly 10,000 independent participating provider offices at no cost OR choose any frame, anywhere by utilizing your generous in-network allowance

• Selection of the latest lens technology for little to no out-of-pocket expense

*NEW in 2016

• Try out FEP BlueVision TV to find participating provider locations, use a virtual try-on tool and see the latest trends in eyewear. You can also read informational eye health articles and have easy access to your FEP BlueVision benefit information
FEP BlueVision TV

Welcome to FEP BlueVision TV

This is a new site where we will continue to offer news about your benefit, your eye health, wellness and the features offered that are uniquely free to you at FEP BlueCross/BlueShield.

FEP BlueVision TV is your online interactive gateway to fashion, fun and eye care. Take our interactive "Try On" frames, learn more about your benefit and the importance of eye health & wellness.

Built for sharing!

From try-on frames & share your selfie

Locate an FEP BlueVision Provider

See Across the Globe with FEP BlueVision International Benefits

Built for sharing!
We continue to provide the best benefits and deliver quality making it affordable to care for your vision.

That is the FEP BlueVision Promise!
# FEP BlueVision: Making Vision Benefits the Easy, Affordable and Clear Choice

## Live Fearless with FEP BlueVision Benefits

<table>
<thead>
<tr>
<th>Plan Feature/In-Network Benefits</th>
<th>High Option</th>
<th>Standard Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lenses</strong></td>
<td>Basic Lens Covered in Full Annually</td>
<td>Basic Lens Covered in Full Annually</td>
</tr>
<tr>
<td><strong>Frame</strong></td>
<td>$150 allowance plus 20% off overage(^1) Annually</td>
<td>$130 allowance plus 20% off overage(^1) Every Other Year</td>
</tr>
<tr>
<td><strong>Contact Lens</strong> (in lieu of eyeglasses)</td>
<td>$150 allowance plus 15% off overage Annually Evaluation, fitting and follow-up fees fully covered for non-specialty lenses and covered up to $60 for specialty contact lenses.</td>
<td>$130 allowance plus 15% off overage Annually</td>
</tr>
</tbody>
</table>

\(^1\) Additional discounts not applicable at Costco, Sam’s Club or Walmart locations
* For a complete description, please refer to your benefit brochure.
## Live Fearless, continued

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Avg Retail Value</th>
<th>You Pay</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Vision Services</td>
<td>Average Retail Value</td>
<td>Standard Option</td>
<td>High Option</td>
</tr>
<tr>
<td>Optional Lenses &amp; Treatments:</td>
<td>$23</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Ultraviolet Protective Coating</td>
<td>$66</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Polycarbonate Lenses</td>
<td>$50</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Blended Segment Lenses</td>
<td>$150</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Intermediate Lenses</td>
<td>$207</td>
<td>$50</td>
<td>No Copay</td>
</tr>
<tr>
<td>Standard Progressives</td>
<td>$259</td>
<td>$90</td>
<td>$90</td>
</tr>
<tr>
<td>Premium Progressives (Varilux®)</td>
<td>$233</td>
<td>$70</td>
<td>$70</td>
</tr>
<tr>
<td>Select Progressive Lenses</td>
<td>$369</td>
<td>$195</td>
<td>$195</td>
</tr>
<tr>
<td>Ultra Progressive Lenses (Digital)</td>
<td>$60</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Photochromic Glass Lenses</td>
<td>$110</td>
<td>$65</td>
<td>No Copay</td>
</tr>
<tr>
<td>Plastic Photosensitive Lenses (Transitions®)</td>
<td>$95</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td>Polarized Lenses</td>
<td>$83</td>
<td>$35</td>
<td>$20</td>
</tr>
<tr>
<td>Standard Anti-Reflective (AR) Coating</td>
<td>$107</td>
<td>$48</td>
<td>$33</td>
</tr>
<tr>
<td>Premium AR Coating</td>
<td>$121</td>
<td>$60</td>
<td>$45</td>
</tr>
<tr>
<td>Ultra AR Coating</td>
<td>$158</td>
<td>$55</td>
<td>$55</td>
</tr>
</tbody>
</table>

1^ Additional discounts are not applicable at Costco, Walmart or Sam’s Club locations.
2^ Warranty limitations may apply to provider- or retailer-supplied frames and/or spectacle lenses; see provider for details.
3^ Industry standard for Hi-Index

NOTE: This is a summary of the many features and benefits of FEP BlueVision. For a complete description, please refer to your benefit brochure.

Average retail price reflects prices as of July 2015.
FSAFEDS is the flexible spending account (FSA) program for Federal employees.

- Pre-tax contributions
- Covers medical items and services not fully paid by your benefit plan(s)
  - Copayments and coinsurance for medical, dental and vision
- Paperless or “automatic” claims with FEP BlueVision.
FREE One-Year Breakage Warranty

• All FEP BlueVision Collection frames and all eyeglasses manufactured in FEP BlueVision laboratories come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery.

• No matter the circumstance, we make sure our members are taken care of.
We Provide A Clear Network For You

The FEP BlueVision network is specific to routine vision care and is different from the member’s medical plan network.

- More than **48,000** participating provider locations
- Includes: ophthalmologists and optometrists
  - 10% ophthalmologists
  - 90% optometrists
- Many top national retail providers
  - 64% independents
  - 36% retail
- Visionworks, with 660+ locations nationwide
- Costco, with 439 locations nationwide
- LensCrafters, with 863 locations nationwide
- Exceeds OPM’s **access** standards
- Provider **nominations** are welcome
- Visit our Web site (**www.fepblue.org**) or call us at 888-550-2583
Take A Look At The Savings

<table>
<thead>
<tr>
<th>Example of Progressive Eyewear w/ Premium Lenses</th>
<th>Average Retail Cost</th>
<th>FEP BlueVision Member Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination</td>
<td>$103</td>
<td>FREE</td>
</tr>
<tr>
<td>FEP BlueVision Collection Frames</td>
<td>$160</td>
<td>FREE</td>
</tr>
<tr>
<td>Premium Progressive Lenses</td>
<td>$259</td>
<td>$90*</td>
</tr>
<tr>
<td>Ultra-Violet Coating</td>
<td>$23</td>
<td>FREE</td>
</tr>
<tr>
<td>Premium Anti-Reflective Coating</td>
<td>$107</td>
<td>$33*</td>
</tr>
<tr>
<td>Plastic Photosensitive Lenses (Transitions*)</td>
<td>$110</td>
<td>FREE</td>
</tr>
<tr>
<td>Polycarbonate Lenses</td>
<td>$66</td>
<td>FREE</td>
</tr>
<tr>
<td>One-Year Breakage Warranty</td>
<td>$30</td>
<td>FREE</td>
</tr>
<tr>
<td><strong>TOTAL COST</strong></td>
<td><strong>$858</strong></td>
<td><strong>$123</strong></td>
</tr>
</tbody>
</table>

*Based on high option benefit and Premium Collection frames

TOTAL SAVINGS = $602

70% Savings!

$858 vs. $123

Prices shown represent average purchase price
Contact Us Today To Get The FEP BlueVision Coverage You Deserve

1.888.550.BLUE (2583)
TTY 1.800.523.2847

Call Center Hours (Eastern time):
   Monday through Friday: 8:00 a.m. – 11:00 p.m.
   Saturday: 9:00 a.m. – 4:00 p.m.
   Sunday: 12:00 p.m. – 4:00 p.m.

Or visit www.fepblue.org click on Benefit Plans then click on link to FEP BlueVision any time!

To enroll: Visit www.BENEFEDS.com or call 1.877.888.FEDS
Thank You –
Liz
Paul
Diane